


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 8:00 am
Secretary of State

04-26-2006 90183 012 *****8.75
 05-15-2006 90037 040 *****52.50

DOCUMENT # 711957			
1. Entity Name SPRING LAKE VILLAS NO. 2 ASSOCIATION, INC.			
Principal Place of Business 4295 NW 1 TERR POMPANO BEACH FL 33064		Mailing Address 4295 NW 1 TERR POMPANO BEACH FL 33064	
2. Principal Place of Business SPRING LAKE VILLAS Suite, Apt. #, etc. NO2 ASSOCIA		3. Mailing Address 4295 NW 1 Terrace Suite, Apt. #, etc.	
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL	
Zip 33064		Country BROWARD	
4. FEI Number 59-1290822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GURRERA, SALVATORE 4275 NW 1ST TERR POMPANO BEACH FL 33064		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Salvatore Gurrera</i>		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURRERA, SALVATORE	NAME	
STREET ADDRESS	4295 NW 1ST TERR	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METHOD, JULIA	NAME	
STREET ADDRESS	4281 NW 1ST TERR	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURRERA, ANGELA	NAME	
STREET ADDRESS	4295 NW 1 TERR	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATZ, RUTH F	NAME	
STREET ADDRESS	251 NW 42 CT	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter B17, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Salvatore Gurrera</i>		6/13/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	